

Work Plan

April 2004

Objectives	Products	Accomplishments to Date	Next Steps
Analyze WFD Data Review previous sources of training/performance assessment information to identify priority areas for public health performance improvement. Sources: <ul style="list-style-type: none"> • Standards for Public Health in Washington State Baseline Report (2002 and May 2004 PHELF Meeting) • Topical Focus Groups (Health Ed and Assessment) review of Standards and Measures (Spring 2004) • Public Health Emergency Preparedness and Response Capacity Assessment/LHJ (2002 and 2004 update) • PH Ready: Thurston County Assessment and Training Plan (2003) • Homeland Security Top Officials Exercise Series: TOPOFF 2: After Action Summary Report (2003) 	A training plan that includes: <ul style="list-style-type: none"> • Identification of 3 priority content areas for improvement • Recommended strategies/methods/target audiences for each priority • Alignment of strategies with PHIP competencies 	Existing information summarized for subcommittee review. Processes identified to update and incorporate: PHEPR training assessment WA Standards related to training for review by PHELF Qualitative data from topical focus groups with Health Educators and Assessment Coordinators	<ul style="list-style-type: none"> • DOH staff to create draft of preliminary PHIP training/performance improvement plan for review by subcommittee • As new data become available from PHEPR update, Topical focus groups and PHELF discussion, subcommittee to adjust plan as necessary • Recommendation sent forward to PHIP Steering committee in Fall 2004.
Program Evaluation Pilot Project Pilot a process that will increase capacity and improve performance of program evaluation by: <ul style="list-style-type: none"> • Providing initial training to improve individual skill level • Identifying factors that contribute to initiating and sustaining the practice within the organization and 	For 4 pilot organizations: <ul style="list-style-type: none"> • Interviews conducted with each organization to identify factors necessary to sustain capacity to perform program evaluation • Program Evaluation training provided to identified staff • Consultation provided post training to address identified factors • Results of evaluation competence 	<ul style="list-style-type: none"> • Initial phone meetings held between DOH, UW NWCPHP and UW Center for Health Education Research to discuss purpose, scope, and activities. • Proposal/budget drafted by UW/CHER and reviewed by DOH and UW/NWCPHP • Identified funding sources and time constraints from: 	<ul style="list-style-type: none"> • Negotiate 2 contracts (one for each source of funds) and begin contracting process • Negotiate MOU between UW and DOH • Develop process to identify 4 pilot organizations for participation.

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<p>addressing them through the consultation process</p> <ul style="list-style-type: none"> • Measuring increased competency at both the organization and individual levels 	<p>measures post training and consultation</p> <ul style="list-style-type: none"> • Report on results, impact and recommendations 	<ul style="list-style-type: none"> • UW/NWCPH (\$12,000 by end of 8/04) • DOH (\$4000 after 7/1/04 and before 6/30/05) 	
<p>Public Health Officials Orientation</p> <p>Update the references and resources in the Washington State Public Health Officials Orientation Information website:</p> <ul style="list-style-type: none"> • add resources where gaps are identified • make recommendations for linking and/or integrating content where appropriate <p>Target audiences:</p> <ul style="list-style-type: none"> • Local Public health Officers • Local Public Health Nursing Directors • Local Public Health Administrators • Local Environmental Health Directors • Local Community Assessment Coordinators 	<ul style="list-style-type: none"> • Updated Learning Resource Toolkit • Updated and more consistent Learning Objectives and knowledge areas • Competency alignment for each target audience • Modification of self –assessments as needed • Introductory content updated • Recommended technical and/or formatting changes 	<ul style="list-style-type: none"> • Core advisory group members identified and meetings held w/contractor to provide guidance: on • Scope, workplan elements and timeline • Communication planning • Competencies and topics. 	<p>For PHND, HO and Admin PHO groups</p> <ul style="list-style-type: none"> • Align each PHO orientation comps to PHIP comps • For those comp areas common to all, draft common language to be used for each • Align topic areas to comps <p>For Assessment and Environmental Health</p> <ul style="list-style-type: none"> • Contractor to work with each team of DOH/LHJ advisory group members to identify process for comp development